# Tools Tab

- Protocol Worksheet
- Observation Worksheet
  - Observation Data Gathering
- Age and Income Eligibility Review and Guidance Forms
  - Child Records
- Report Coordinator Checklist
- Team Leader Checklist
- Delegate Checklist
  - Center Checklist



# Worksheet/Checklist 101

Worksheet	Who	When	Why	What
Protocol	All Reviewers	Anytime during review	Data Collection	Data during site visits
Observation	ECD reviewer	Anytime during review	Data Collection	Record Observations
Age/Income	RC	During File Review	Data and Summary	Monitor age/income compliancy
RC	RC	End of Review	Data Confirmation	Confirm closure report/review
FTL	TL	End of Review	Data and Process Confirmation	Confirm report/data completed
Delegate	RC	Before Review	Statistics	Delegate/center statistics

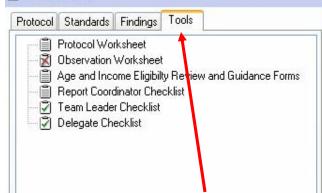






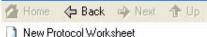






Access the various worksheets And checklists from the Tools Tab

#### PRISM Instrument 2007



#### FY 2007 PRISM PROTOCOL

The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

- Health Services
- Nutritional Services
- Safe Environments.
- Disabilities Services.
- Mental Health Services
- > Family and Community Services
- > Transportation Services
- > Education and Early Childhood Development Services
- > Fiscal Management
- > Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground"

## **Protocol Worksheet**

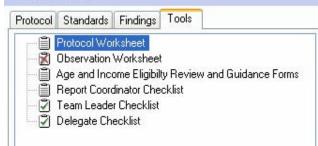
- Optional Data Gathering Tool
- May be completed by all reviewers
- Notes entered may be copied to other areas of the Protocol and become evidence
- May be assigned to other team members











#### Protocol Worksheet

Mome ⇔ Back ⇔ Next 企 Up New Protocol Worksheet

## Instructions for the Protocol Worksheet

This protocol worksheet can be used to record information collected in the field while reviewers are conducting interviews, reviewing documents, or making observations. Please type in a response for each item in this worksheet. Once you press the "New Protocol Worksheet" button, please answer the four background questions. Then answer the four questions under the "Questions on Source Information" section. Dress the "Add Notes" button to enter the reviewer's notes into the last question that is under the final section

The Protocol Worksheet is an optional tool for data gathering. information gathered in this worksheet can be copied and pasted into notes within other sections of the Protocol. Multiple Worksheets can be created by multiple reviewers.

ce that you ultimately will incorporate into preliminary area of noncompliance our notes detailed information that can provide the context for your finding. sheet must be transferred to the appropriate section or sections of the ed your notes electronically in the PRISM Software, you can highlight, click of text, from this worksheet directly into any section of the protocol within

## Data on the Protocol Worksheet

Worksheets	Delegate	Reviewer	Section
India Opal's Health Services Protocol Worksheet	Rocky Hill EHS	UAT02	
Rocky Hill EHS first visit	Rocky Hill EHS	Opal India	Safe Environments

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FY 2007 PRISM Protocol

## FY 2007 PRISM Protocol Worksheet: Reviewer Notes

Grantee (an	ame:d if appropriate, Delegate Name): ction:	
Source:	Document Reviewed:  Person Interviewed:  Observation Setting:  Relevant citation number(s), if appropriate:	

This worksheet can be used to record information collected in the field while reviewers are conducting interviews, reviewing documents, or making observations. These notes serve as the evidence that you ultimately will incorporate into preliminary area of noncompliance narratives. Please document in your notes detailed information that can provide the context for your finding. The notes collected on this worksheet must be transferred to the appropriate section or sections

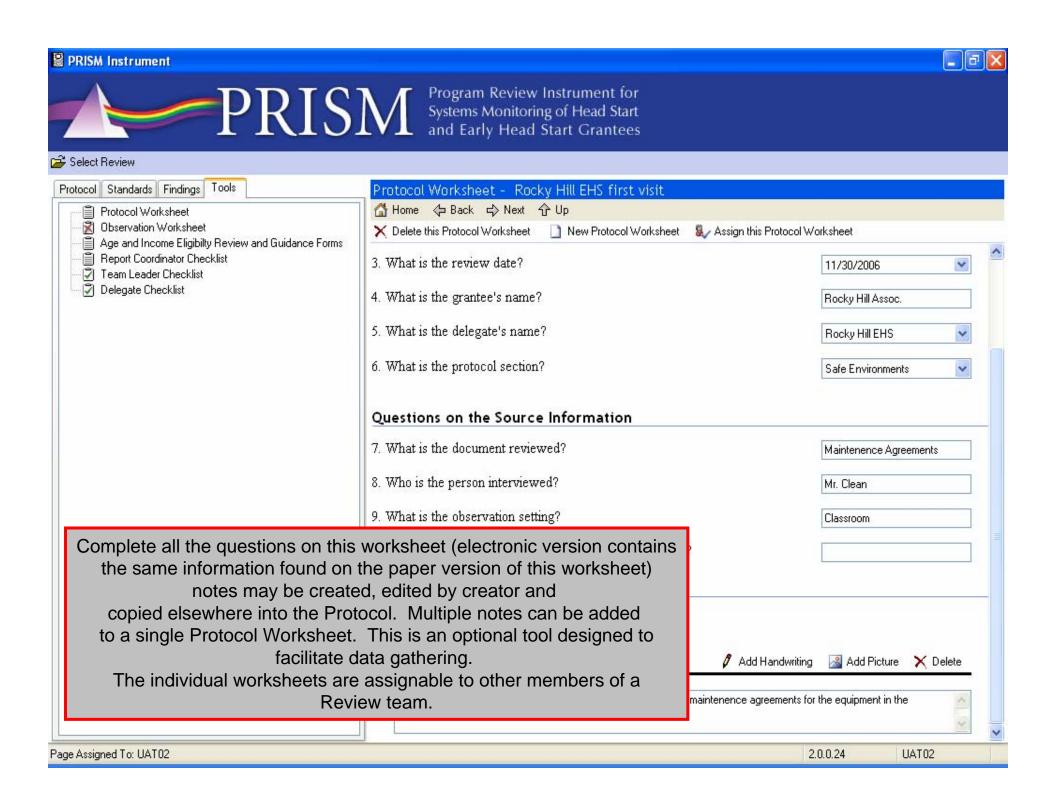
of the Protocol. If you have doc can highlight, click and drag tex section of the protocol within the

Reviewer Notes:

Paper version of
Protocol Worksheet
contains the same information
found in the electronic version

ropriate section or sections the PRISM Software, you s worksheet directly into any

Protocol Worksheet



# Observation Worksheet

- Data Collection Tool for gathering information during observations
- One observation worksheet should be created for each individual site
- A 'new observation' should be completed for each individual observation
- Standards cited here may be linked to findings in the Protocol

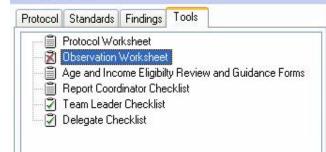












## Observation Worksheet

Mome ♦ Back ♦ Next 1 Up New Observation Worksheet

#### Instructions for the Observation Worksheet

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the six background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 6), you will a see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

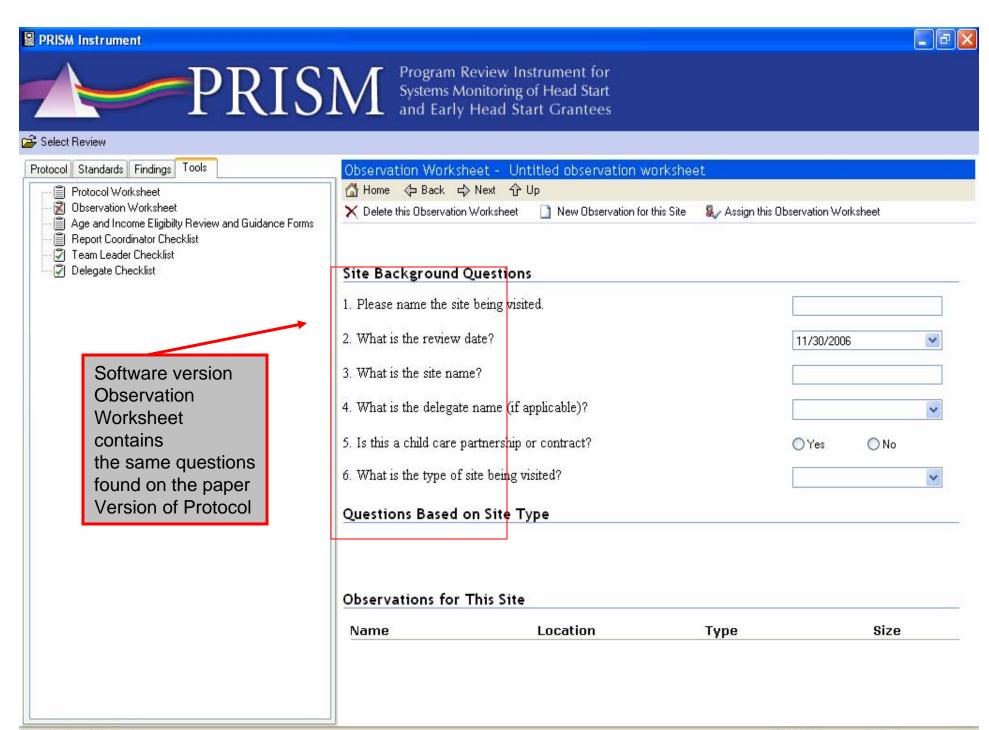
Worksheets	Site	Delegate	Site Type
Flatbush site	Flatbush EHS	Rocky Hill EHS	Infant/Toddler
			Center-based
Moss Green	Algar EHS	Rocky Hill EHS	Infant/Toddler
			Center-based
Wheeler EHS			Infant/Toddler
			Center-based

Create a single Observation Worksheet for each site being observed. Create "New Observations" for each observation within that site. A green 'check' indicates the worksheet has been completed and there are no areas of concern. A red 'x' indicates an area of concern has been cited during an observation. A 'notebook' icon indicates the Observation is not complete

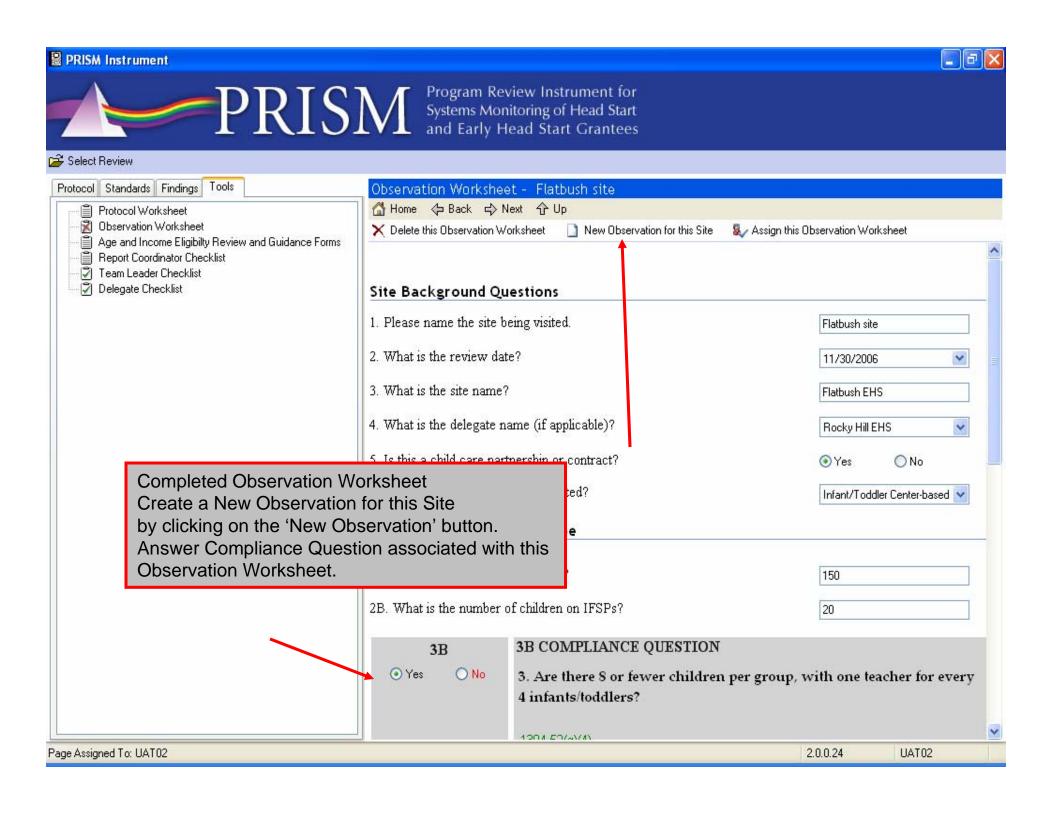
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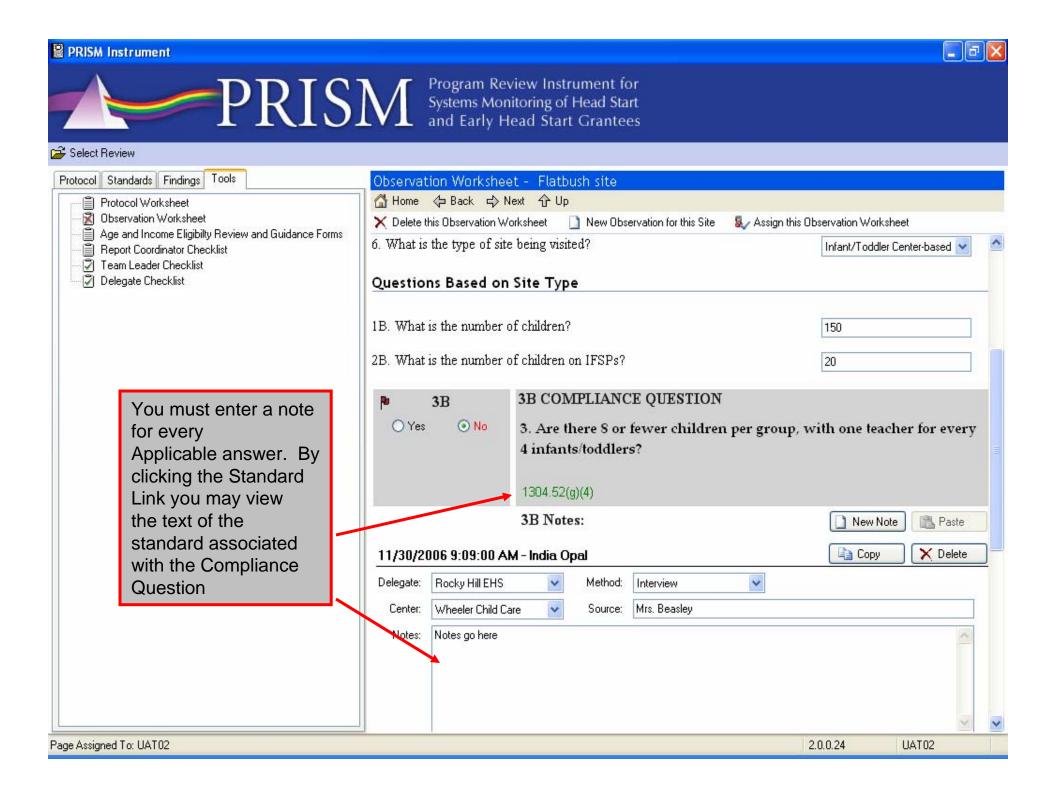
## OBSERVATION WORKSHEET

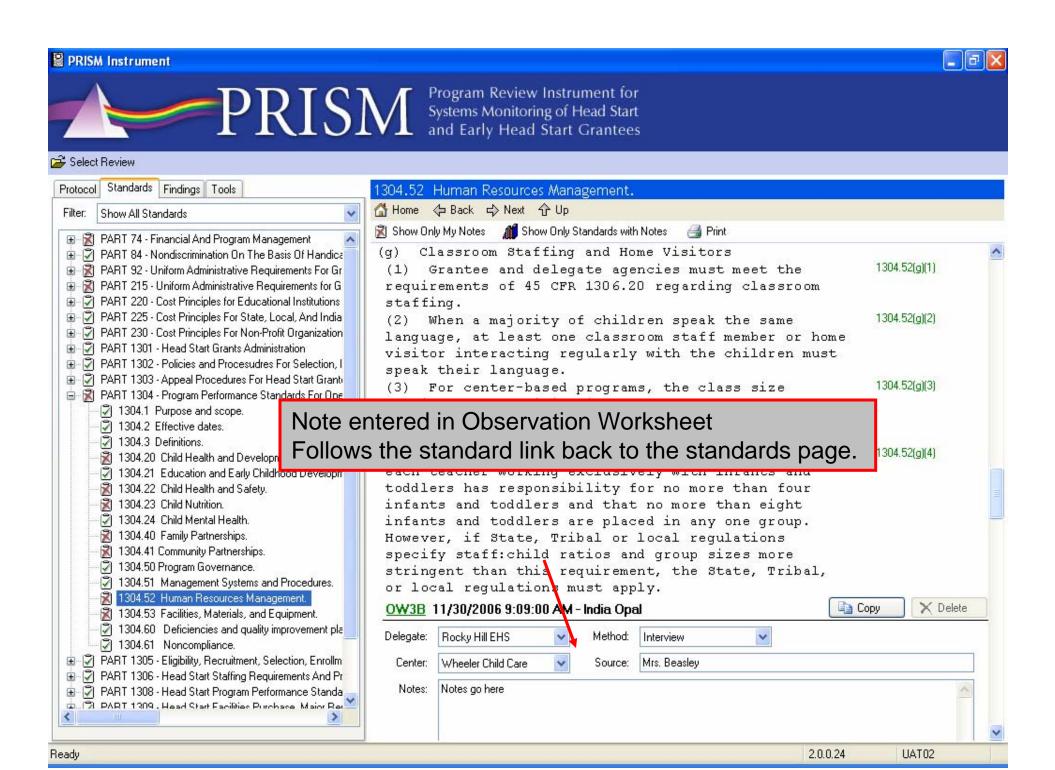
Please complete Page 1 of this worksheet for each site visited, and complete page 2 for each observation. Each site can have multiple observations. Date:\_\_\_\_\_ Site\_name:\_\_\_\_\_ Delegate name (if applicable):\_\_\_\_\_ Please indicate whether this is a child care partnership or contract: O Yes O No Select one, then complete the information below that selection: O Preschool Center-based Infant/Toddler Center-based O Home-based O Family Child Care Indicate the # of children: Indicate the # of children: Select one: Indicate the # of children in the home: O Home Visit Indicate the # of children. Indicate the # of children. Socialization 2. Indicate the # of adults in on IEPs: on IFSPs: Paper Version Observation Worksheet 3. If predominantly 3 year-olds, is contains the same questions to be found the class size 17 or fewer? in the electronic version (software) of Protocol the # of Infant/toddlers: 1306.32(a)(5) (choose one) O Yes O No O N/A ○Yes ○No 3. If you selected Socialization, 4. Indicate the age range 4. If predominantly 4or 5 year-olds, please answer the following (skip of children: is the class size 20 or fewer? if you selected Home Visit): 1306.32(a)(3) (circle one) 5. Indicate the # of children on a. # of children: O Yes O No O N/A b. # of parents: IEPs/IFSPs: c. # of home visitors present: 5. Are there at least 2 paid staff? d. # children on IEPs/IFSPs:

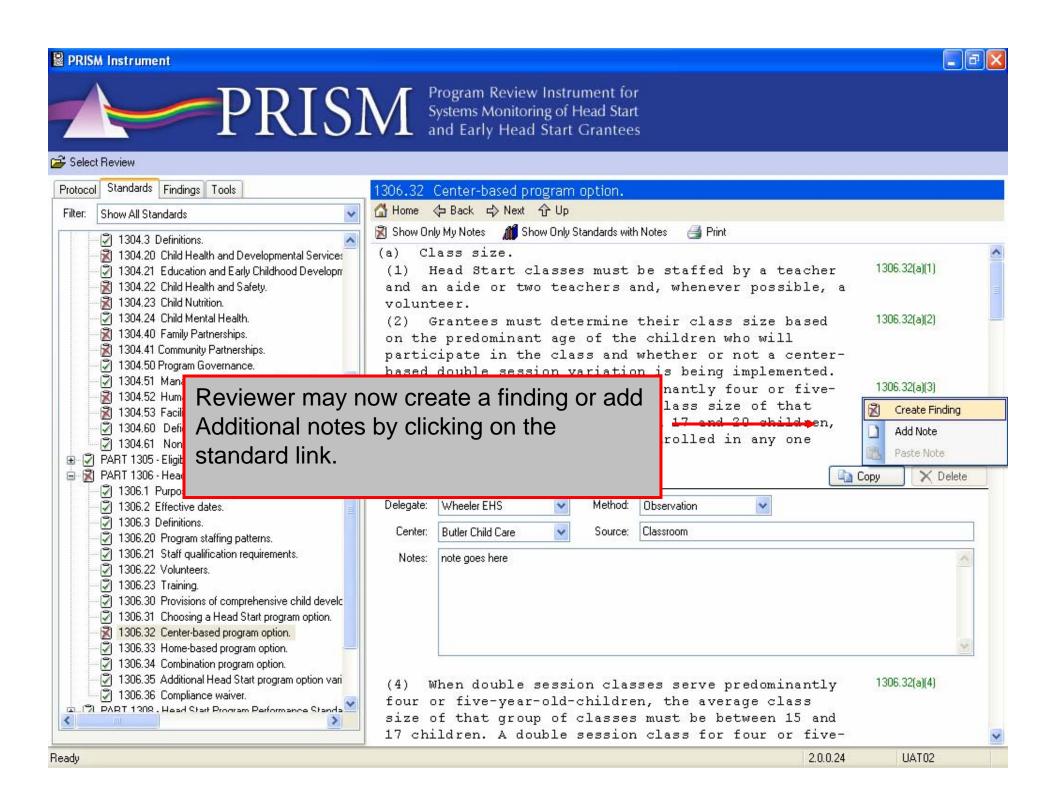


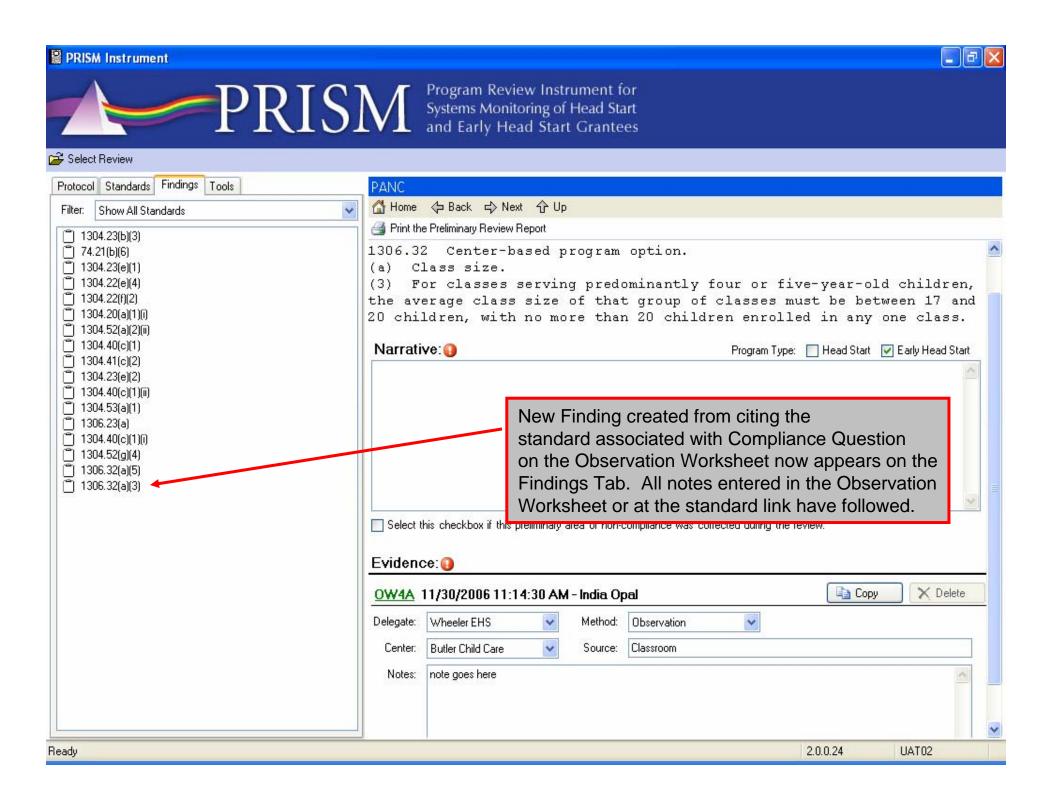
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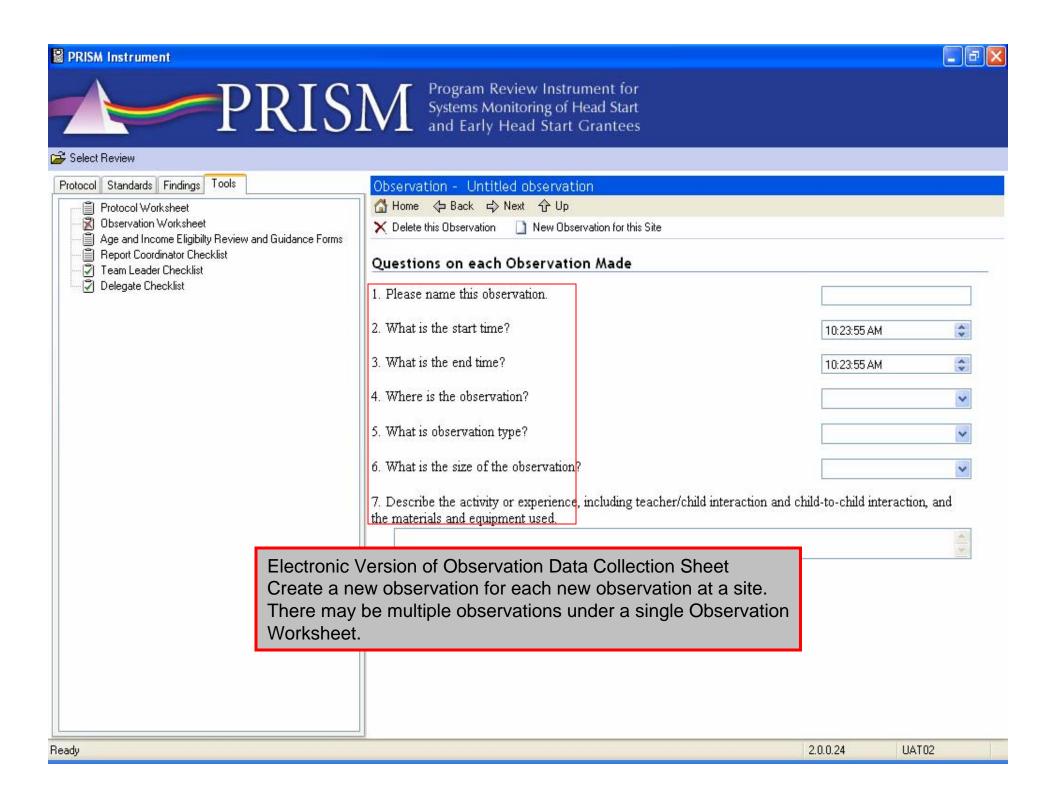








For each observation you make, please complete all information in this section. Start time: \_\_\_\_\_ Indoor: Teacher-directed: () Individual: End time: Outdoor: () Child-initiated: Small Group: () Large Group: () Describe the activity or experience, including teacher/child interaction and child-to-child interaction, and the materials and equipment used. Paper version Observation Data **Collection Sheet** 

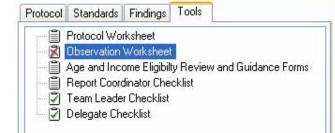












## Observation Worksheet

Mome ⇔ Back ⇔ Next 企 Up New Observation Worksheet

#### Instructions for the Observation Worksheet

This observation worksheet can be used to record information collected during a site visit. Please type in a response for each item in this worksheet. Once you press the "New Observation Worksheet" button, please answer the six background questions for the site being visited. You will answer the background questions only one time for this site being visited. Depending the type of site being visited (Question 6), you will a see different questions appearing.

Press on the "New Observation" button to create an observation within the site being visited. You should answer the seven questions for each observation. Each site can have multiple observations.

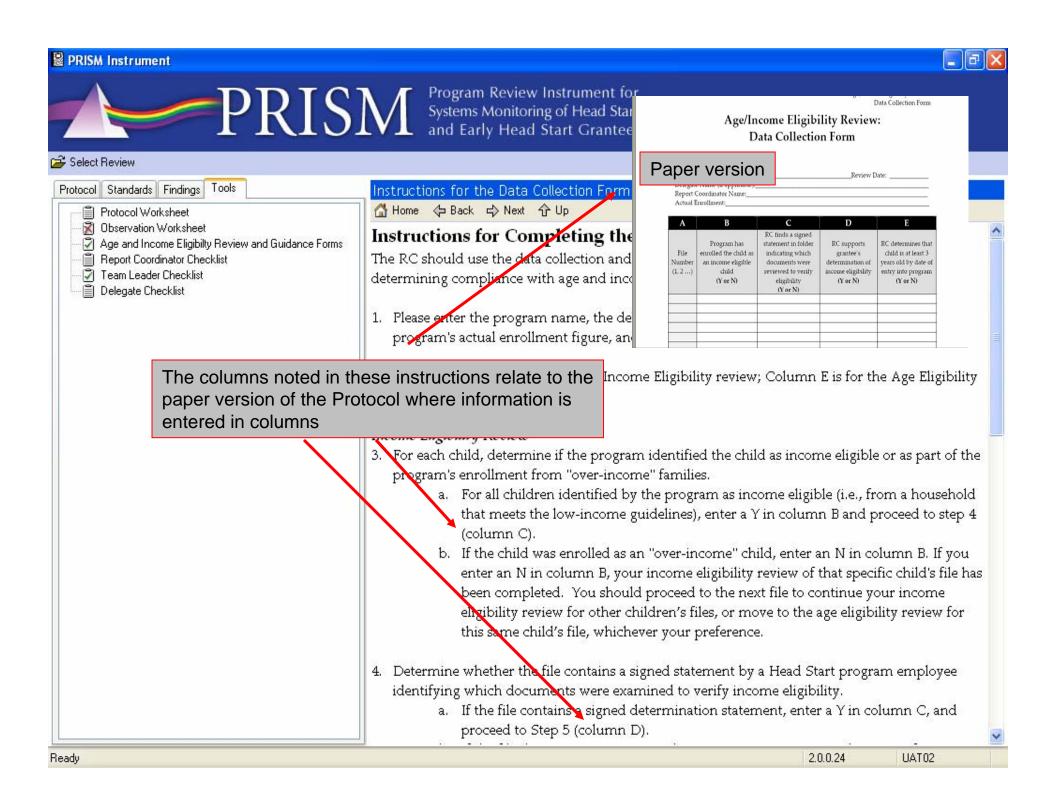
Worksheets	Site	Delegate	Site Type
			oice Type
Flatbush site	Flatbush EHS	Rocky Hill EHS	Infant/Toddler
			Center-based
Moss Green	Algar EHS	Rocky Hill EHS	Infant/Toddler
			Center-based
Wheeler EHS			Infant/Toddler
			Center-based

Multiple Observation Worksheets may Have multiple Observations. Red 'x' indicates Area of concern within an Observation Worksheet

## Age and Income Eligibility Review and Guidance Forms

- Completed by Report Coordinator
- Guidance for sample collection and data documentation
- Comprehensive Instructions for completing Review Forms ensures consistency across reviews
- Electronic version (software) mirrors the paper version of the forms and guidance





# Age/Income Eligibility Review: Data Collection Form

Paper Version of Data Collection Form contains the same information found in the electronic (software) version

Grantee Name:	_Review Date:	
Delegate Name (if applicable):		
Report Coordinator Name:		
Actual Enrollment:		

Α	В	С	D	E
File Number (1, 2)	Program has enrolled the child as an income eligible child (Y or N)	RC finds a signed statement in folder indicating which documents were reviewed to verify eligibility (Y or N)	RC supports grantee's determination of income eligibility (Y or N)	RC determines that child is at least 3 years old by date of entry into program (Y or N)

Age/Income Eligibility Review: Summary Form

# Age/Income Eligibility Review: Summary Form

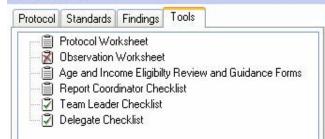
Income Eligibility Summary	
	TOTAL
Number of children enrolled	
Number of files reviewed	
Number of files for which RC does NOT support program's determination	
Number of files for which the RC did not find a signed statement in the	
folder indicating which documents were reviewed to verify eligibility	
Age Eligibility Summary	
	TOTAL
Number of children enrolled in Head Start Program	
Number of files reviewed	
Number of files for which RC determined child was under age	











#### Instructions for the File Selection Process



#### Forms

The Age/Income Eligibility Review is designed to monitor Head Start and Early Head Start grantee and delegate compliance with age and income eligibility program requirements. This form provides guidance on selecting a sample of children's files to review and for documenting findings from this review. This form has been revised from its previous version for use in the FY 2007 monitoring year. The Report Coordinator (RC) is responsible for completing the Age/Income Eligibility Data Collection Form and Summary.

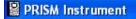
#### File Selection Process

The Office of Head Start (OHS) requires the review of a sample of children's files to determine whether the eligibility information is documented and maintained in accordance with program requirements. OHS further requires that the sample of files be selected in accordance with the guidance provided in this section. Adherence to the sampling guidance ensures consistency across reviews and across the nation.

## Step 1: Identify the Children Served by the Grantee

The first step is to obtain a list of all children currently enrolled in the program. The grantee is responsible for preparing a list of children currently enrolled in the program. The list should include the following information:

- Child's name
- Date of birth
- o Whether enrolled in grantee, delegate, or child care partner
- Center name
- Class
- o Program option



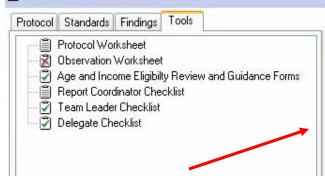




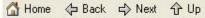
Instructions include clear guidance for selecting

the sample size of child files to review





#### Instructions for the File Selection Process

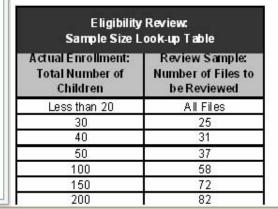


## Step 2: Determine the Sample Size

The RC uses the sample size look-up table (see inserted table) to determine the number of files to be reviewed, based on the grantee's total enrollment. Alternatively, when you enter the enrollment number in Question 5, the software will indicate the number of files to be reviewed. For example, if the grantee's total actual enrollment is 1,000 children, 121 children's files should be selected for

of children falls between numbers on the chart, the RC will need to estimate review. For example, for total enrollment of 45, the RC should select 34 files. nent from 40 to 50 children requires that 6 additional files be reviewed, so, a d children would require an additional 3 files to be reviewed. The RC

snould make a best estimate for the sample size when the total enrollment falls somewhere between the numbers listed in the table. Note: The RC may choose to review a greater number of files if he or she has reason to believe the program has a significant problem and wants to review more files to confirm.

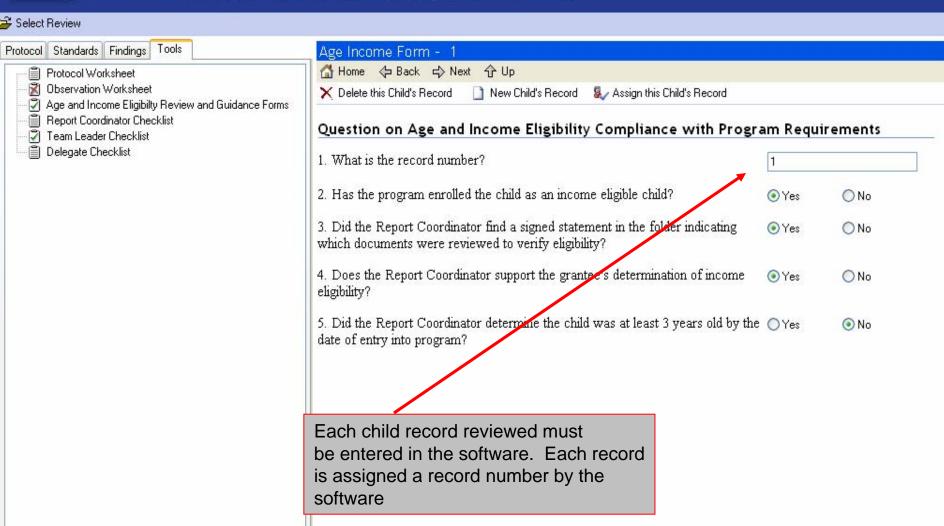




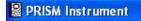








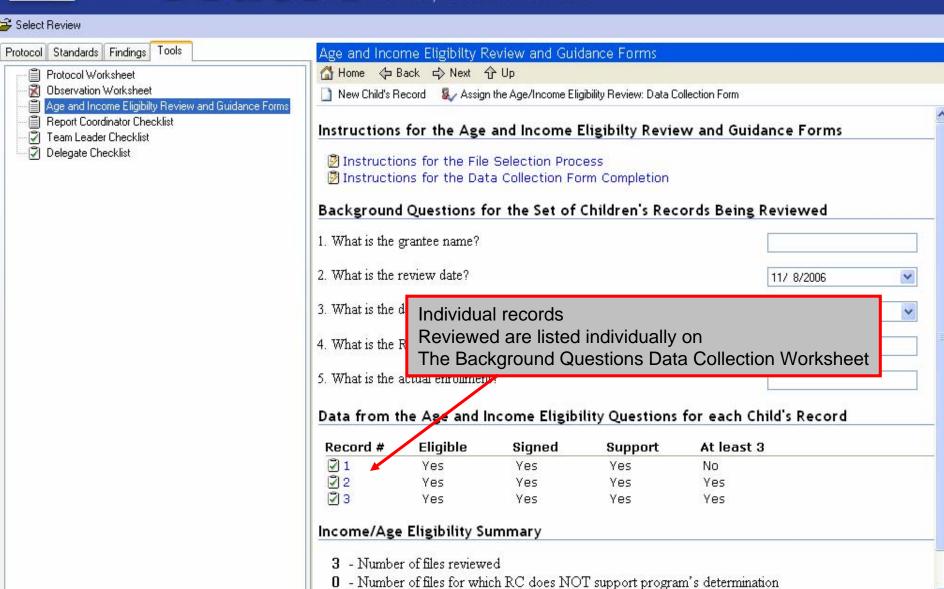
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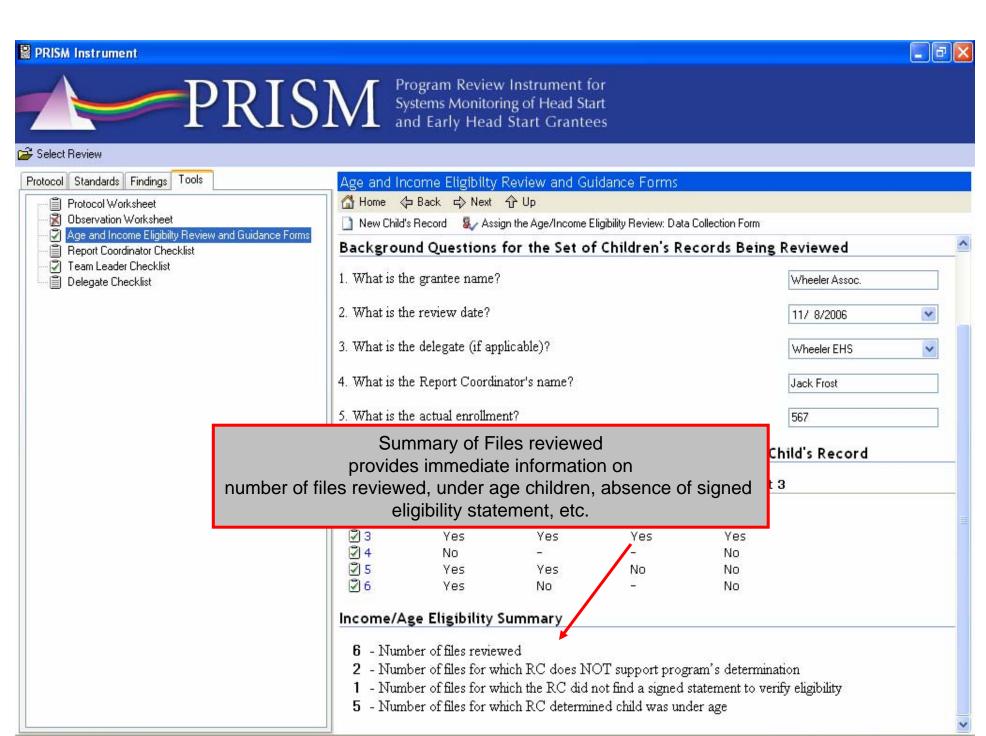


Number of files for which the RC did not find a signed statement to verify eligibility.

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# Step by step instruction for creating and using the delegate checklist in PRISM 2007



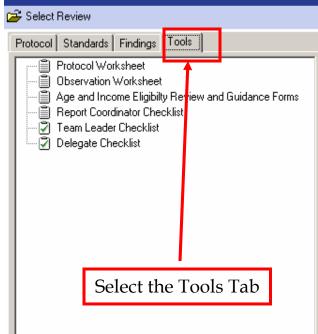
# Creating Delegate and Center Checklists

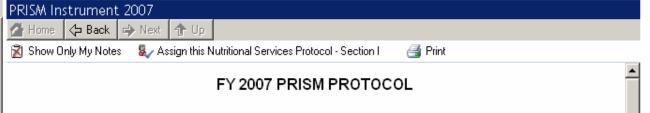
- You must create a Delegate for each Delegate within a review.
- There may be one Delegate with multiple centers or multiple delegates with multiple centers.
- You may select the sections of the Protocol for which these
   Delegates will be visited when creating the Delegate Checklist
- You may delete a Delegate Checklist or a Center Checklist
- Complete instructions for completing the Delegate Checklist are located on the Delegate Checklist Instructions Page within the Protocol
- The Delegate Checklists and associated Center Lists must be completed by the Report Coordinator or Team Leader











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The Office of Head Start (OHS) introduces the FY 2007 PRISM Protocol to guide all first-year and triennial monitoring reviews. The protocol organizes elements of program performance standards and other program regulations into 10 sections against which compliance will be monitored:

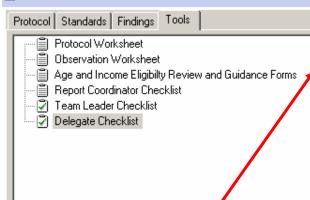
- ➤ Health Services
- Nutritional Services
- Safe Environments
- Disabilities Services
- Mental Health Services
- > Family and Community Services
- > Transportation Services
- > Education and Early Childhood Development Services
- > Fiscal Management
- > Program Design and Management

Compliance Questions form the basis of the protocol, with each question focusing on one or more program requirements against which compliance will be monitored. Answer "yes" or "no" for each compliance question by clicking the appropriate radio button. A response with a red flag immediately to the right of it, serves as a signal to the reviewer of a potential concern, in which case additional follow-up is needed.

Guidance prompts facilitate the monitoring process for each Compliance Question. Review teams must respond to Compliance Questions using the prompts, which outline the minimum "ground to cover" in addressing questions effectively. These Crown to Cover prompts indicate the people to

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Select New Delegate Checklist

## 

## Instructions for the Delegate Checklist

The Delegate Checklist is intended to record information to assist in providing statistics (e.g., the total number of delegates supported by Head Start, the proportion of delegates that were reviewed in a given year).

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This checklist is to be completed by the report coordinator or team leader. The name of all delegates and centers, as identified by the grantee, should be entered into this list. Over the course of the review, the report coordinator or team leader should indicate which delegates and centers have been visited.

Once you press the New Delegate Checklist button, please answer the eight background questions described in this paragraph. Please type out the full name of the delegate. Do not use acronyms or abbreviations. Next, indicate whether the delegate was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). Then the report coordinator or team leader should indicate whether this delegate was part of a sub-review. The next question involves marking the checkboxes for the protocol sections that the review team looked at for this delegate. Similarly, the protocol tools looked at for this delegate by the review team should also be marked using the checkboxes. The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the delegate.

Once you press the New Center button, please answer the five background questions described in this paragraph. Please type out the full name of the center. Do not use acronyms or abbreviations. Next, indicate whether the center was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the center.

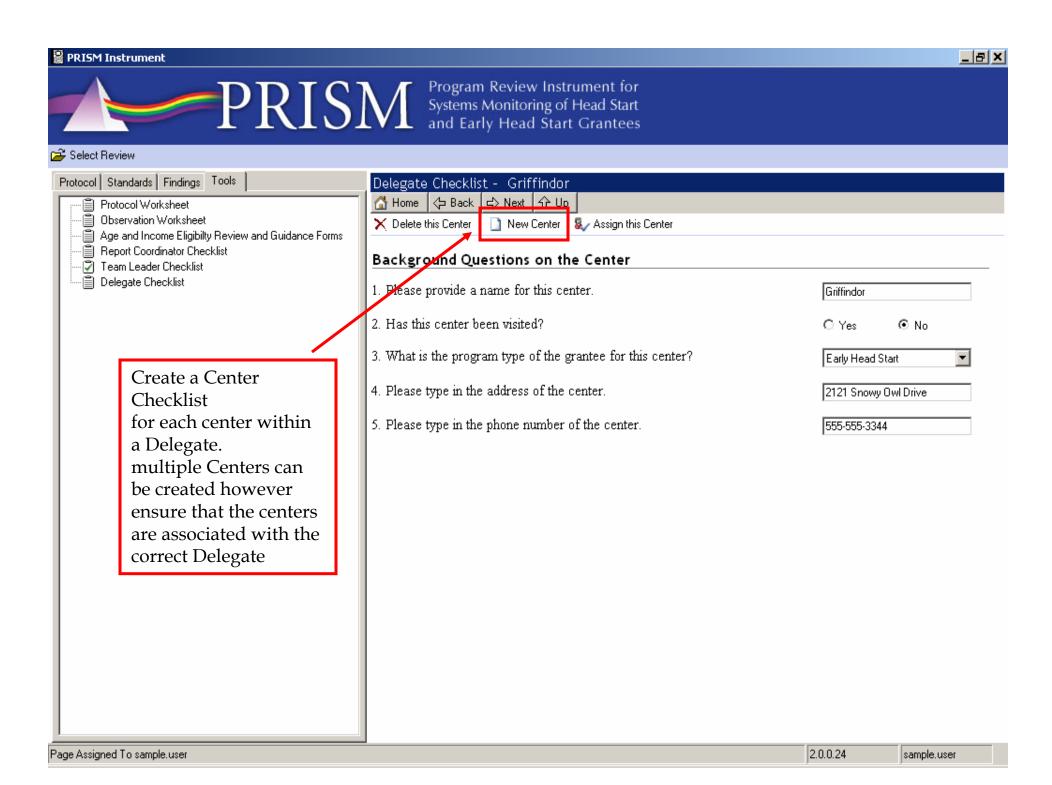
		Sub-		Phone	
Delegates	Visited	Review	Address	Number	

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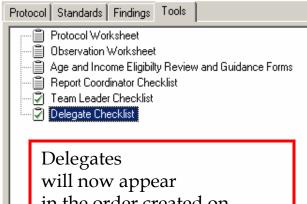
Ready











in the order created on your Delegate Checklist Page. Center Lists nest within the Delegate Checklists and are not displayed on this page view



Mack | ⇔ Next | ☆ Up

Assign the Delegate Checklist New Delegate Checklist

The Delegate Checklist is intended to record information to assist in providing statistics (e.g., the total number of delegates supported by Head Start, the proportion of delegates that were reviewed in a given year).

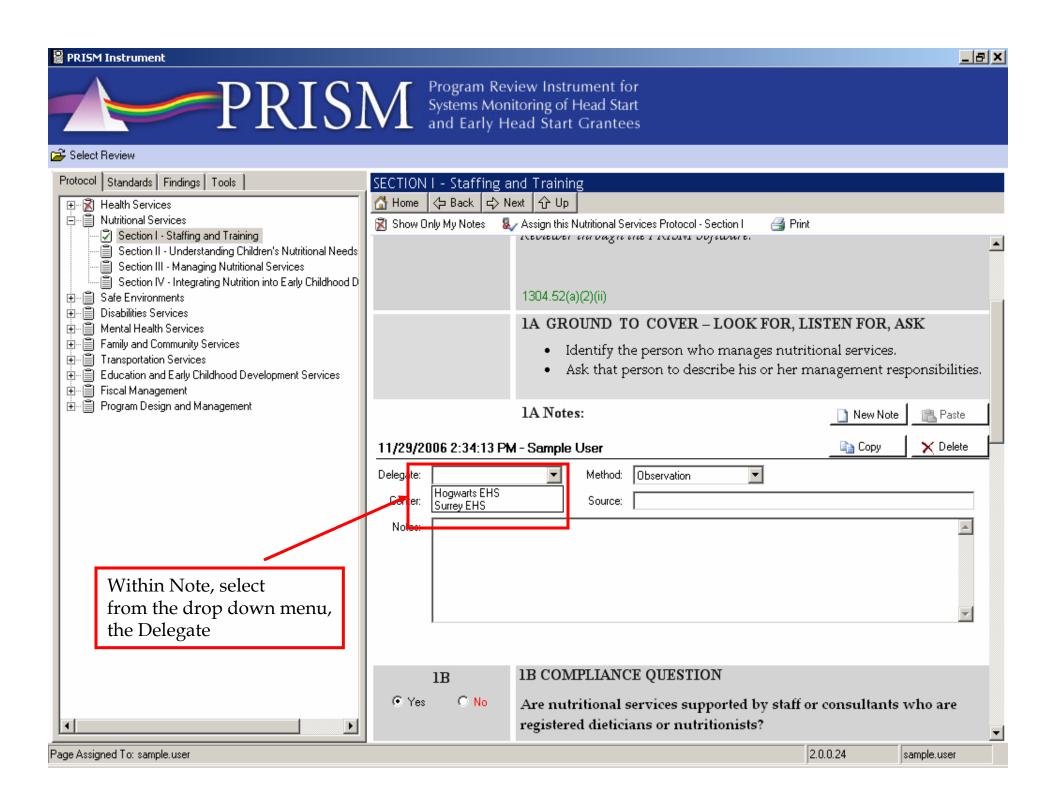
This checklist is to be completed by the report coordinator or team leader. The name of all delegates and centers, as identified by the grantee, should be entered into this list. Over the course of the review, the report coordinator or team leader should indicate which delegates and centers have been visited.

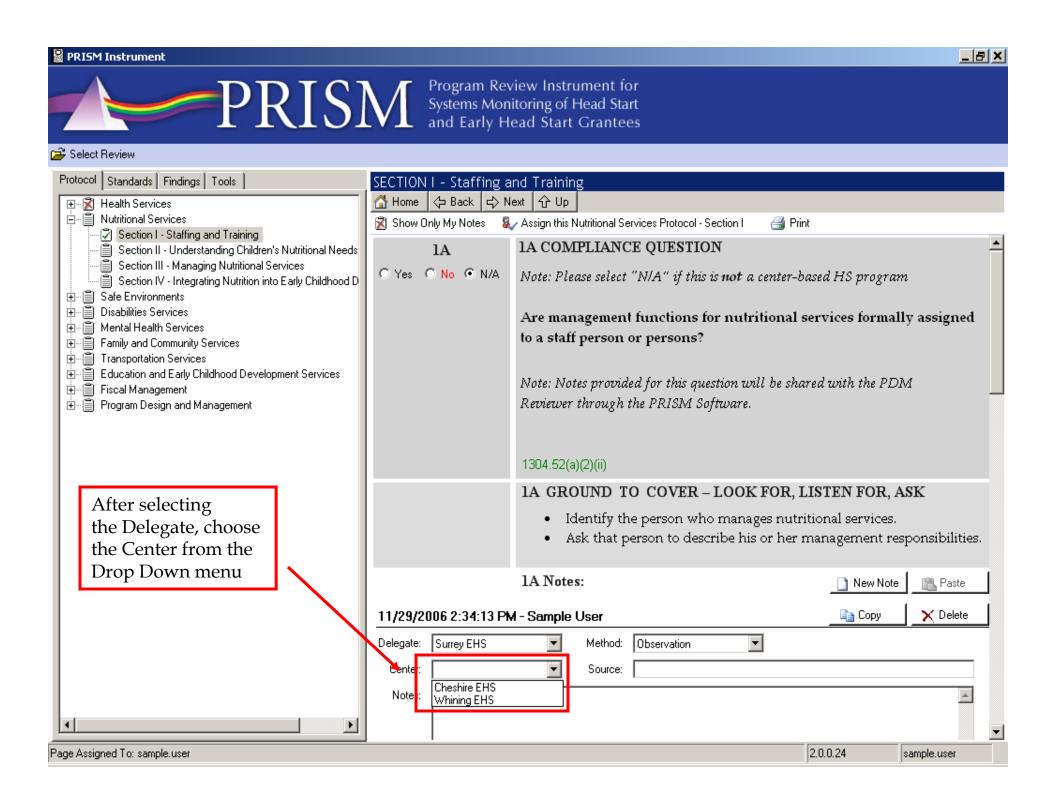
Once you press the New Delegate Checklist button, please answer the eight background questions described in this paragraph. Please type out the full name of the delegate. Do not use acronyms or abbreviations. Next, indicate whether the delegate was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). Then the report coordinator or team leader should indicate whether this delegate was part of a sub-review. The next question involves marking the checkboxes for the protocol sections that the review team looked at for this delegate. Similarly, the protocol tools looked at for this delegate by the review team should also be marked using the checkboxes. The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the delegate.

Once you press the New Center button, please answer the five background questions described in this paragraph. Please type out the full name of the center. Do not use acronyms or abbreviations. Next, indicate whether the center was visited during the on-site review. (If a visit was scheduled but did not occur, indicate "no"). The report coordinator or team leader should select the program type (Head Start, Early Head Start, or Head Start/Early Head Start) from the drop down list. Finally, provide the address and phone number for the center.

		Sub-		Phone
Delegates	Visited	Review	Address	Number
Hogwarts EHS	No	No	2121 Privet Drive	555-555- 4433
Surrey EHS	Yes	No	2130 Cauldron Street	555-444- 3333

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# Report Coordinator and Team Leader Checklists

- Each checklist to be completed by designated RC or Team Leader
- Completed at the end of a review
- Notes may be entered to substantiate information entered in checklists when appropriate



